PONTYPOOL RURAL DISTRICT COUNCIL.

MEDICAL OFFICER OF HEALTH'S REPORT 1952.

To: The Chairman and Members of the
Pontypool Rural District Council.

Mr.Chairman,Madam,Gentlemen,

I beg to present the Annual Report of the Medical Officer of Health for the year 1952.

There are seven parishes within Pontypool Rural District with a total area of 34,147 acres. It is predominantly agricultural with slight urbanisation at Croesyceiliog in the parish of Llanfrechfa Lower.

There is a large Royal Ordnance Factory at Glascoed which employs several thousand operatives,the majority of whom are drawn from the surrounding urban areas.

During the year the health of the population has been,on the whole, well maintained. The district has remained free from any serious outbreak of Infectious Diseases, in fact, there has been a more or less continuous decline in their incidence throughout this century. Although the general crude death rate has again shown a slight increase the average age at death has increased. The elderly form a considerable proportion of the district's population and an ageing population is a probable factor responsible for this slight rise in mortality. It is beyond reasonable doubt that people today are healthier and are living longer than in past years. It is satisfactory to note that deaths attributed to Cancer have shown no appreciable increase and Cancer of the lung, a subject of current controversy, has not featured as an important cause of death within the Rural District. The majority of deaths are due to circulatory diseases, as are the majority throughout the Country, Coronary Thrombosis taking the highest toll. It is possible that the rural conditions of the area coupled with improved housing and a maintenance of a high percentage of full employment are partially responsible for general health promotion.

Though there have been no deaths of Mothers through child-birth,and infant mortality has decreased appreciably, the birth-rate continues to fall. The latter may be,in part, due to the continual emigration of the younger members from the Country to the towns. But the need for a still further reduction in the present Infant Mortality Rate is emphasised as well as renewed efforts to improve the remaining unsatisfactory housing conditions within the district.

It is often not easy to establish the precise relationship between housing conditions and disease, but it is generally accepted that bad housing conditions are inimical to the health of the people. In 1952 19 new dwellings (14 of which were erected by the New Town Corporation of Cwmbran) became available, another rung but on a very tall ladder as there remain 112 applicants on the housing waiting list. It is appreciated that the Housing Authority is undertaking all possible steps to overcome these difficulties and that the programme is gathering momentum.

The estimated population within the district has remained relatively static for a number of years. But it would appear that there has been a change in the age distribution. Due to an overall decline in the birth-rate in the present century,there are fewer younger members in the community whereas a longer expectation of life has increased the ranks of the elderly. Thus whilst the problem of the care for the young is diminishing, for the aged both medically and socially is increasing. None wish to die young, and fortune is fickle, therefore it is in our own interest

to see that adequate provision is made for the elderly. Here the Local Authority can play its part. As the majority of the aged prefer to live in their own homes, I beg to draw the attention of the Housing Authority to the need for providing more bungalows exclusively to old people. At the same time, care should be taken that they are not segregated.

The sanitary conditions in the more populous villages are satisfactory. But many of our Rural cottages are still without an adequate supply of pure wholesome water and are still equipped with antequated means of sewage disposal. It is hoped that it will be found possible to undertake remedial measures in the not too far distant future.

Maternity and Child Welfare.

The Infant Welfare Clinic at Usk is held on the Thursday of each week, and the one established at Croesyceiliog is held fortnightly. Mothers and children under five years of age may attend these centres. There is also a Maternity and Child Welfare Mobile Clinic which visits the more inaccessible rural areas. There is a Doctor and Health Visitor in attendance at each of these clinics.

The Ante-Natal Clinic is held fortnightly in the Usk centre. I wish to stress here the importance of early and regular attendance of expectant mothers at the ante-natal clinic, so that any departure from the normal may be detected as soon as possible, and the necessary steps taken in respect of adequate care of the mothers. Unfortunately, too often many expectant mothers delay attending until late in pregnancy. It is now the practice in the ante-natal clinic to make a routine blood examination of all patients for the purpose of detecting venereal diseases and for determining the pregnant mother's blood group. The educational side of ante-natal work is also of great importance and includes advice about general health,rest,diet,sleep and comfort.

In 1952 a monthly average of 130 babies attended the Infant Welfare Clinics. Welfare Food is obtainable at the Centres with the exception of National Dried Milk,Cod Liver Oil and Orange Juice which are available at the Food Office.

The principal cause of Infant Deaths has been Prematurity, adverse physical conditions and lack of care, which the older child can withstand often prove fatal during the earlier months of life. The Infant Welfare Clinic has an important role in the care of the infant and young child. Babies are weighed weekly and are seen regularly by the Doctor. Health Education is stressed and informal talks are given to mothers in the principles of hygiene and healthy living. The prevailing Infant Mortality Rate calls for renewed efforts on the part of all concerned with the care of infants.

Towards the end of 1951, the routine skin testing of children under 5 years with tuberculin was introduced at the Infant Welfare Clinics. The Mantoux and Jelly Tests are employed. Any positive reactors are referred to the Chest Physician, and all efforts are then concentrated in determining the source of infection. This aspect of Infant Welfare Work forms a part of the Anti-Tuberculosis scheme in operation throughout the County of Monmouthshire.

Vaccination against Small Pox and Immunisation against Diphtheria are also undertaken at the Clinics. The main object of immunisation schemes is to secure that each generation

of infants receives protection at an early age. It is now recommended that an infant should be immunised against diphtheria at or about the age of 8 months. The fall in the incidence of diphtheria in recent years is beyond reasonable doubt a remarkable preventive triumph mainly attributable to immunisation. Vaccination against Small Pox is advised when the child has attained the age of 3 months. Since compulsory vaccination has been abolished, Pontypool Rural District, like the rest of the County, has followed the trend of a decrease in the numbers vaccinated; from the public health point of view this is regrettable. Small Pox continues to occur sporadically in various parts of the Country and we are never free from the possibility of an outbreak of this disease. Healthy living conditions, good sanitation and general public health services are no substitute for vaccination in connection with prevention and control of Small Pox.

Since the National Health Service Act, 1946, came into operation Vaccination against Small Pox and Immunisation against Diphtheria have been carried out free of charge both at the surgeries and at the Maternity and Child Welfare Centres. Great encouragement is given to mothers to have their children vaccinated and immunised.

Vaccination against Small Pox.

Age Groups,	Nos Vaccinated in 1951.	Nos Vaccinated in 1952.
Under 1 year	13	23
1 - 4 years	14	-
5 - 14 years	-	5
15 and over	9	16.
	36	44

Immunisation against Diphtheria.

Age Groups	Nos Immunised in 1951.	Nos Immunised in 1952.
0 - 4 years	77	51
5 - 9 years	55	1
10- 14 years	12	1
	144	53

Domiciliary Midwifery and Nursing Services.

Under the re-allocation of the District Midwifery and Nursing Services, two district midwives/nurses are resident in the Rural District and one district nurse.

Health Visiting.

Two health visitors are employed for routine domiciliary visits, Tuberculosis visiting, School inspections (Cleanliness of body and clothes) and for attending the maternity and Child Welfare Clinics.

Domestic Help Service.

The County Council provides a Domestic Help Service for those cases where there is illness and where there is no able-bodied relative to give the necessary assistance in the household.

The service has been useful in providing assistance to aged persons and cases of Chronic Sick, who otherwise would have had to be admitted to hospital, thereby helping to relieve the pressure upon hospital accommodation.

The service is under the direction of the Area Committee Clerk (Mr.D.A.Lewis). Applicants for the Service are assessed to repay the cost of the service in relation to their income; persons considered to be in financial difficulties receive the Service Free of charge.

The hours allocated to each case are recommended after personal investigation by the District Nurse,Midwife or Health Visitor, and are submitted to me for approval. Cases where recommendation exceeds 30 hours per week have to be submitted by the Area Committee Clerk to the County Health Committee for investigation, except maternity cases.

There are approximately 44 Domestic Helps in the area(i.e. Pontypool Rural District, Usk Urban District, Abergavenny Rural District and Abergavenny Borough). All are engaged on a Temporary part-time basis. The number of cases in the area was 100, the average number of hours worked was 2910.

Ambulance Service.

Pontypool Rural District is served by an ambulance based at Usk and ambulances are also available from Pontypool Depot under the central control of the County Ambulance Officer at Caerleon. This system seems to work reasonably well. Central Control by the County Council aims at making the most economic use of ambulances and mutual assistance between Local Health Authorities avoids, as far as possible, ambulances running empty.

Health Education.

The close of the 19th Century saw the Public Health environmental services established on a reasonably satisfactory basis. During the last 50 years, these have been improved and the personal health services developed. At first, the importance of Health Education was not fully appreciated but is is now realised that disease cannot be prevented or health promoted by social action alone, there must be full cooperation from an enlightened public. Today it is second nature for the appropriately trained staff of a Health Department whether they be Health Visitors Home Nurses,Sanitary Inspectors or Doctors to spread the gospel of good hygiene and healthy living.

In order to further disseminate knowledge of Health Education, a Health Conference was held at the County Hall,Newport, in February 1952, this being the 4th Annual Conference in the County of Monmouthshire. The Speakers included:-

A.J.Dalzell Ward M.R.C.S.,L.R.C.P.,D.P.H.,Deputy Medical Director,Central Council of Health Education.

John Burton.M.R.C.S.,L.R.C.P.,D.P.H.,Medical Director,Central Council for Health Education .

Mrs I.M.Stirling. M.A. Educational Psychologist.The National Association for Mental Health.

Lectures were both varied and interesting and ranged from Infancy to Adolescence, Adolescence to Maturity, Maturity to Old Age, and Mental Health in relation to the family.

Mental Health Service.

A County Psychiatrist was appointed in 1948 for the purpose of a Mental Health Service. This service, in the No.10 Area, now operates from Leven house, Abergavenny. The service is co-ordinated with the Regional Hospital Board and Hospital Management Committees.

No adult Guidance Clinics are held in the area but individual cases, patients suffering from early nervous strain, and who are finding difficulty in adjusting themselves in their homes or at their work, are seen by Dr. J. Newcombe, the County Psychiatrist. Cases considered too far advanced are referred to the Regional Hospital Board Psychiatrist.

Medical Appliances.

The Location of the Medical Appliances Depot for the Rural District is :-

Mrs Dummett, Claremont, Croesyceiliog.

Welfare Services.

The Welfare Officer of the No.10 Area caters for the needs of the Rural District as regards Welfare Services, which come within the provisions of the National Assistance Act (1948-51).

VITAL STATISTICS.

Area in Acres	34,147
Population (Estimated)	5,833
Inhabited Houses, (according to rate book)	1704
Rateable Value	£26,102
1d Rate	£103. 3. 8d.

1952	Totals.	M.	F.	1951	Rural District	County.
Live Births	79	40	39	Rate per		
Legitimate	76	39	37	1,000 estimated	13,5	17.17
Illegitimate	3	1	2	resident		
				Population		
	158	80	78			
Still-Births				Rate per		
Legitimate	2	0	2	1,000 total		
Illegitimate	-	-	-	(live & still-births)	24.7	
				Rate per		
				1,000 population	0.34	0.49
	2.	0.	2.			
				Death Rate per		
Deaths	89	47	42	1,000 estimated		
All Causes				resident population	15.3	11.52
Deaths from Cancer	15	9	6			
Deaths due to Cancer of Lung	3	3	0			

Deaths due to pregnancy, Childbirth & Abortion.......Nil.

Maternal Mortality Rate (Rate per 1,000 births) Rural District ..Nil County 0.71.

Infant Mortality.

Infant Deaths	from	Measles	Nil	
"	"	" Whooping Cough	Nil.	
"	"	" All Causes	3	(3M. Of.)

Deaths of Children under 1 year of age in Age Groups.

Age Group.	Number of Deaths.
Under 1 week	2
1 - 4 weeks	-
1 - 12 months	1
Total	3

	Rural District	County
Infant Mortality Rate (Rate per 1000 Live Births)	37.9	33.8
" " " (Legitimate)	39.5	
" " " (Illegitimate)	Nil	

Infectious Diseases.

Scarlet Fever	During	the	year	1	cases	were	notified.
Whooping Cough	"	"	"	7	"	"	"
Measles	"	"	"	71	"	"	"
Cerebro-Spinal Meningitis		"	"	0	"	"	"
Poliomyelitis		"	"	0	"	"	"
Erysipelas		"	"	0	"	"	"
Diphtheria						"	"
Dysentery	"	"	"		"		"
Pneumonia	"	"	"	4	"	"	"
Post-infective Encephalitis	"	"	"	1	"	"	"
Puerperal Pyrexia	"	"	"		"	"	"

Two Cases of alleged Food Poisoning not confirmed.

Tuberculosis,

Notified	Pulmonary	M.3.F.3.	Non-Pulmonary	M.2. F.0.
Deaths	"	M.0.F.0.	"	M.0. F.0.

Notifiable Infectious Diseases (other than Tuberculosis) Classified according to age groups.

Disease	0-4	5-9	10-14	15-24	25 & over	Total	Treated in Hospital.
Diphtheria	-	-	-	-	-	-	-
Scarlet Fever	-	-	-	-	1	1	-
C.S.Meningitis	-	-	-	-	-	-	-
Measles	29	38	4	-	-	71	-
Whooping Cough	3	2	2	1	-	7	-
Enteric Fever	-	-	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-
Encephalitis	-	1	-	-	-	1	1
A.I.Pneumonia				-	4	4	-
Food Poisoning	-	-			-	-	-
Puerperal Pyrexia	-	-	-	-	-	-	-

Infectious Disease.

During 1952 the Pontypool Rural District was remarkably free from any serious outbreak of Infectious Diseases.

Diphtheria.

One of the most satisfying facts in the Control of Infectious Diseases has been the nation-wide decline in the incidence of and mortality from Diphtheria. There were no notifications of Diphtheria within the District in 1952. Nevertheless, Diphtheria "Still kills" and the percentage of children immunised is unsatisfactory. Parents are continually urged to see that their children are adequately protected and they should avail themselves of the facilities provided.

Scarlet Fever.

This remains a mild disease. Only one case was notified in 1952. Although the notification figures indicate a diminished incidence in Scarlet Fever, it is possible that notification was incomplete, but it is beyond reasonable doubt that fatality from this disease has diminished in recent years.

Measles and Whooping Cough.

The incidence of Measles has ebbed and flowed at intervals of 2 years, 1952 being the inter-epidemic year with 71 notifications. It is note-worthy that Whooping Cough still a dreaded disease of infancy did not rear it's head to any appreciable degree. Advances in therapeutic agents, with improved nursing care in recent years have helped to lower the fatality from these diseases. Less overcrowding in the homes through reduction in family size, and in some cases improved housing, may also have contributed to the decline in mortality.

Infantile Paralysis

Was conspicuous by its absence within the Rural District.

Food Poisoning.

Although two cases of Food Poisoning were initially notified during the year these were not confirmed on further investigation.

Acute Primary Pneumonia.

Was notified in 4 cases, all of whom were over 50 years of age.

Post-Infective Encephalitis.

This occurred in a child, following an attack of measles. She was admitted to hospital where she made an uneventful recovery.

Tuberculosis.

The Mass Radiography Unit visited the area in June 1952. In some ways the response of the general public was disappointing. Following this visit, one would have expected an increase in the notifications from Pulmonary Tuberculosis, but this was not obviously so. Incidence of Tuberculosis, as measured by notification figures, has shown a slight increase. Fatality Rate on the other hand was Nil. However, this gives no real grounds for complacency and calls for renewed efforts in both prevention and early treatment of this disease.

In conclusion, although tremendous improvements have been brought about in the standards of environmental hygiene and personal health services in the present century, there may still be outbreaks of infectious diseases due to failure of water supplies and sewerage or to failure of the hygiene of milk and other food control. Therefore, it is still the task of the Medical Officer of Health and her fellow Local Goverment Officials to maintain constant vigilance.

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I have the honour to be,

Your obedient servant,

S. M. R. Harvey.

(Medical Officer of Health)